

SECTION I

| | | | | | | |
|------------------------------|------|-------------|-------------|--------------|-------------------------|-----------|
| CONTRACT NUMBER | | E.A. NUMBER | SJ | | FED. EXP. # | |
| PROJECT TITLE | | | | | INVOICE # | |
| NAME OF RECIPIENT | | | | | PROGRESS PAY | FINAL PAY |
| BUSINESS ADDRESS | | | | | PAYMENT PERIOD | |
| | | | | | % IF LOCAL MATCH | |
| DISTRICT | TPDA | SHA | PRBF 108 | CATIA 116 | OTHER PLEASE SPECIFY | |
| SOURCE OF ALLOCATION | | | | | | |
| ALLOCATION RESOLUTION NUMBER | | | | | | |
| | | | | | | |
| AMOUNT ALLOCATED | | | | | | |
| REIM. TO DATE | | | | | | |
| BALANCE OF ALLOCATION | | | | | | |
| | | | | | | |

SECTION II - Cost breakdown required

| | | | | | |
|---|----|----|----|----|----|
| 1. Alternatives Analyses/Planning Study | \$ | \$ | \$ | \$ | \$ |
| 2. Preliminary Engineering | \$ | \$ | \$ | \$ | \$ |
| 3. Environmental Assessments | \$ | \$ | \$ | \$ | \$ |
| 4. Final / Engineering Design | \$ | \$ | \$ | \$ | \$ |
| 5. Construction / Project Management | \$ | \$ | \$ | \$ | \$ |
| 6. Materials and Equipment Acquisitions | \$ | \$ | \$ | \$ | \$ |
| 7. Right of Way Acquisition | \$ | \$ | \$ | \$ | \$ |
| 8. Rolling Stock Acquisition | \$ | \$ | \$ | \$ | \$ |
| 9. Total Expenses Incurred: (1-8) | \$ | \$ | \$ | \$ | \$ |
| 10. Max. Reimb. Requested By This Voucher | \$ | \$ | \$ | \$ | \$ |
| 11. Adjustments: | \$ | \$ | \$ | \$ | \$ |
| 12. NET AMOUNT DUE: | \$ | \$ | \$ | \$ | \$ |

I Certify the charges for work billed are proper and that project progress is commensurate with cash disbursements being claimed on Line 10 above.

| | |
|--|----------------|
| REPRESENTATIVE OF RECIPIENTS SIGNATURE | DATE |
| PRINT NAME/TITLE | BUSINESS PHONE |

I have reviewed the disbursements and the progress of the work on the project specified above and recommend payment in the amount on Line 10 (If Line 12 is less than Line 10, the reduction will be documented in a letter).

| | |
|--|----------------|
| REPRESENTATIVE OF RECIPIENTS SIGNATURE | DATE |
| PRINT NAME/TITLE | BUSINESS PHONE |

MAIL INVOICE TO: California Department of Transportation
Accounting Service Center - Office of Financial Accounting and Analysis
P.O. Box 168043, Suite ASF
Sacramento, CA 95816-8043
Fax No.: (916)227-8787

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I Certify that funds have been allocated for this project and that there is a sufficient balance in this allocation to cover the reimbursement in line No. 10/12.

| | |
|---|----------------|
| DEPT. OF TRANSPORTATION H.Q. ACCOUNTING OFFICER SIGNATURE | DATE |
| PRINT NAME | BUSINESS PHONE |